

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT
Total Pages

NAMED INVENTOR OR APPLICATION IDENTIFIER: **Nicolaas M. Lokoff, David L. Thompson**
SYSTEM AND METHOD FOR POSITIONING AN IMPLANTABLE MEDICAL DEVICE WITHIN A BODY

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. **EL 844550445 US**, on this 27th day of APRIL, 2001.

SHIRLEY J. DAHLEN

Printed Name

Shirley J. Dahlen
Signature

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**
X **Specification:**
Total pages: 18 (including claims and abstract: Spec. 12 sheets; Claims 5 sheets; Abstract - 1
X **Drawings:**

Total sheets: 4

☐ formal ☒ informal

X **Combined Declaration and Power of Attorney: (UNSIGNED)**

- ☐ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

X **Accompanying application parts:**

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X **Return Postcard**

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

X Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987
Medtronic, Inc., MS 301
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 Minneapolis, Minnesota 55432
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	35	20	= 15	x 18	270
Independent Claims	3	3	= 0	x 80	0
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
				TOTAL	980

Charge Deposit Account No. 13-2546 the sum of \$980.00 (Filing Fee) for a total of **\$980.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

T.D. 240 "SECRET" X

Date

4/27/01

Beth L. McMahon

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